

Brand Specific Report for Cigarette, Little Cigar, and Roll-Your-Own **Product with Iowa Tax Paid for All Manufacturers**

tax.iowa.gov

This report is due on or before the 20th day following the end of the calendar quarter. For example: 1st quarter is January-March, this form is due on or before April 20th. Civil penalties start at \$200.00 for late filed, incomplete, or false reports.

1st Quarter □	2nd Quarter □	3rd Quarter □	4th Quarter⊟				
Year:	Permit number:						
Address:							
City:	Sf	tate:	ZIP:				
	re were no lowa purchases		e cigars, or roll-your-owr				
You must file this report	even if you had no sales or	nurchases					

You must file this report even if you had no sales or purchases.

Brand specific manufacturer information for actual amount of product sold in lowa

Include all purchases of all brands of cigarettes, including little cigars and roll-your-own tobacco products, sold in Iowa. This includes brands of signatories of the Master Settlement Agreement (Participating Manufacturers) and brands of all Non-Participating Manufacturers (NPM).

Circle either (O) Original Participating, (S) Subsequent Participating or (N) Non-Participating for each manufacturer.

Brand names: List only one entry for all types of the same brand. Do not split out into Lights, Kings, 100's, Menthol, etc., for each brand. One total per brand per quarter is needed to be considered as complete. Incomplete reports will be sent back to the distributor for completion.

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Business name:							
Permit number:		Calendar o	uarter: 1 st □	2^{nd}	$3^{rd} \square 4^{th} \square$		
Select type of proproduct types.	oduct listed on this p	age (select only	one). Use nev	w page for	sales of other		
Cigarettes □	Little Cigars □ F	Roll-Your-Own 🗆					
Seller	Street Address, City, State, and Zip	Manufacturer if Different than Seller	Type of Manufacturer	Brand	Number of Sticks or Ounces with IA Tax Paid		
			O/S/N				
			O/S/N				
			O/S/N				
			O/S/N				
			O/S/N				
			O/S/N				
			O/S/N				
			O/S/N				
			O/S/N				
			O/S/N				
			O/S/N				
			O/S/N				
				Total:			
	declare under penalties ny knowledge and belie				mined this report,		
Authorized Signatur	re:		Date:				
Title of Officer:			Phone:				
Submit this form to	o:						
Mailing Address: Cigarette/Tobacco Tax Management Division Iowa Department of Revenue PO Box 10472 Des Moines IA 50306-0472		lowa Hoov 1305	OR Delivery Address: Iowa Department of Revenue Hoover Building, Cigarette Tax 1305 E Walnut Des Moines IA 50319				

Questions: Contact us by telephone at: 515-281-6134 or by email at: IDRCigarette@iowa.gov